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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.		CONFIRMATION NO.
10/782,945 02/23/2004			Hidetaka Hoshino WEN-0031 7670				
TITLE OF INVENTION: FUNDUS CAMERA							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	09/05/2007
EXAMINER ART UNIT			CLASS-SUBCLASS	7			
		2873	351-206000	J			
HARRINGTON, ALICIA M 2873 351-206000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list							
1. Change of correspondence address of indication of Fee Address (57 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Ronald P. Kananen 3				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	ype)			· · · · · · · · · · · · · · · · · · ·
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
	Nidek Co. Ltd		JAPAN		•		
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🗷 Corporation or other private group entity 🗀 Government							
4a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Ple	ease first reapply a	ny prev	iously paid issue fee	shown above)
☑ Issue Fee			A check is enclosed.				
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Advance Order - # of Copies3			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0013 (enclose an extra copy of this form).				
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NOTE: The Issue Fee an	d Publication Fee (if req	pired) will not be accepte					e assignee or other party in
Authorized Signature		7		Date Aug	gust W	<u>,28, 2007a, 18</u>	
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